|  |  |                                  |                                 |                                |   |                                     |                  |     |                                | Application or Docket Number |                        |        |                            |                        |  |
|--|--|----------------------------------|---------------------------------|--------------------------------|---|-------------------------------------|------------------|-----|--------------------------------|------------------------------|------------------------|--------|----------------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECOR<br>Effective October 1, 1997  |  |                                  |                                 |                                |   |                                     |                  |     |                                |                              | 291                    | 210    | 773                        | <u>S</u>               |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |  |                                  |                                 |                                |   |                                     |                  |     |                                | LL E                         | ENTITY                 | OF     | OTHER                      |                        |  |
| FOR  | l  |                                  | NUMBER FILED                    |                                |   | NUMBER EXTRA                        |                  |     | RATE                           |                              | FEE                    |        | RATE                       | FEE                    |  |
| BASI   | C FEE  |                                  |                                 |                                |   |                                     |                  |     |                                | 395.00                       | OR                     |        | 790.00                     |                        |  |
| тоти   | AL CLAIMS  |                                  |                                 | 8 minus                        | s 20 =                                      | *                                   |                  |     | x\$11=                         |                              | OR                     | x\$22= |                            |                        |  |
| INDE   | PENDENT CL   | AIMS                             | minus 3 =                       |                                |   | •                                   |                  |     | x41=                           |                              | OR                     | x82=   |                            |                        |  |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |                                  |                                 |                                |   |                                     |                  |     | +135=                          |                              |                        | OR     | +270=                      |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |                                  |                                 |                                |   |                                     |                  | I   | TOTAL                          |                              |                        | OR     | TOTAL                      | 190                    |  |
|  | CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)               |                                  |                                 |                                |   |                                     |                  | • . | SMALL ENTITY                   |                              |                        | OR     | OTHER THAN<br>SMALL ENTITY |                        |  |
| AMENDMENT A  |  | REM.<br>AF                       | AIMS<br>AINING<br>TER<br>IDMENT |                                | NI<br>PRE                                   | GHEST<br>JMBER<br>VIOUSLY<br>ID FOR | PRESENT<br>EXTRA | RA  |                                |                              | ADDI-<br>TIONAL<br>FEE |        | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *                                | 9                               | Minus                          | **  |                                     | =                |     | x\$11=                         |                              | Ü                      | OR     | x\$22=                     |                        |  |
|  | Independent  | *                                | 4                               | Minus                          | ***   |                                     | =                |     | x41=                           |                              |                        | OR     | x82=                       |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                             |                                  |                                 |                                |   |                                     |                  |     | +135=                          | =                            |                        | OR     | +270=                      |                        |  |
| (Column 1) (Column 2) (Column 3)   |  |                                  |                                 |                                |   |                                     |                  |     |                                | E L                          |                        | OR     | TOTAL<br>ADDIT. FEE        |                        |  |
| AMENDMENT B  |  | CL/<br>REM/<br>AF                | AIMS<br>AINING<br>TER<br>DMENT  |                                | HIC<br>NU<br>PRE                            | GHEST<br>JMBER<br>VIOUSLY<br>ID FOR | PRESENT<br>EXTRA |     | RATE                           |                              | ADDI-<br>TIONAL<br>FEE |        | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | . T                              | 54                              | Minus                          | ** -  | 20                                  | = 34             |     | x\$11=                         |                              |                        | OR     | <b>×\$2</b> 2≡             | 6120                   |  |
|  | Independent  | *                                | 4                               | Minus                          | ··· 3                                       |                                     | = /              |     | x41=                           |                              |                        | OR     | XBE                        | 78                     |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                             |                                  |                                 |                                |   |                                     |                  |     |                                | =                            |                        | OR     | +270=                      |                        |  |
| (Column 1) (Column 2) (Column 3)   |  |                                  |                                 |                                |   |                                     |                  |     | TOTA<br>DDIT. FE               |                              |                        | OR     | TOTAL<br>ADDIT. FEE        | 69000                  |  |
| AMENDMENT C  |  | CLAIMS REMAINING AFTER AMENDMENT |                                 |                                | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |                                     | PRESENT<br>EXTRA |     | RATE                           |                              | ADDI-<br>TIONAL<br>FEE |        | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *                                |                                 | Minus                          | **  |                                     | =                |     | x\$11=                         | =                            |                        | OR     | x\$22=                     |                        |  |
|  | Independent  | *                                |                                 | Minus                          |   |                                     | =                |     | x41=                           |                              |                        | OR     | x82=                       |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135=                       |                                  |                                 |                                |   |                                     |                  |     |                                |                              |                        | OR     | +270=                      |                        |  |
| ***If t  | he entry in colur<br>he "Highest Nun<br>he "Highest Nun<br>e "Highest Num! | nber Pre<br>nber Pre             | viously Pai<br>viously Pai      | d For IN THIS<br>d For IN THIS | S SPACE<br>S SPACE                          | E is less than<br>E is less than    | 20. enter "20."  |     | TOTA<br>DDIT. FE<br>in the app | ΕL                           | riate box in o         |        | TOTAL<br>ADDIT. FEE<br>1.  |                        |  |